

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019740

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 254  
MAY 24 1962

Primary Registration District No. 5864

Registrar's No. 18

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Oregon</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Arkansas</b> COUNTY <b>Fulton</b>                               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Thayer</b>  |   | Length of stay in 1b<br><b>15 minute</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Rural Route</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Cecil Clifford McHugh</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 4 1962</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>7-15-1912</b>   |
| 9. AGE (last birthday)<br><b>49</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Milk Hauling</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Milk Hauling</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Mammoth Spring, Ark.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Arthur David McHugh</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ollie Katharine Burr</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Florence Denton</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |   | 17. INFORMANT<br><b>Florence McHugh, Mammoth Spring, Ark.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary occlusion</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at <b>10:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><b>[Signature]</b>   |  |
| 22b. ADDRESS<br><b>Mammoth Spring, Ark.</b>   |   | 22c. DATE SIGNED<br><b>5-9-62</b>  |  |
| 23a. BURIAL / CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>5-7-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Field Creek Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Mammoth Spring, Arkansas</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Carter Funeral Home, Thayer, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-17-62</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

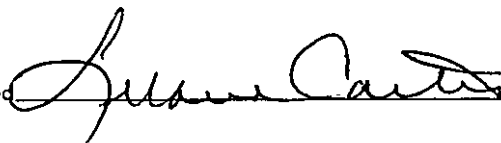
MAY 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4516

P. O. Address

West Plains, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.